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ABSTRACT

The general concern over an Acquired Immune Deficiency Syndrome (AIDS) epidemic and the government's need to educate and protect its citizens from this disease seem to have softened resistance to sex education in schools. The only viable defense against AIDS seems to be education, since there are no vaccines or effective treatments. Still, some parents have a legitimate concern about the presentation of sexual knowledge to their children. This study examined the effects of a 2-week sex education course taught to seventh and eighth grade students (n=92) as part of the health curriculum. The course was designed to present factual information and time was allotted for group discussions. Three instruments, administered as pre- and post-tests, were used to evaluate the course: (1) a 20-item sexual knowledge questionnaire; (2) a sexual permissiveness scale; and (3) a sexual concerns check list. A comparison of results from the pre- and post-tests showed a significant increase in sexual knowledge and lessening of sexual concerns, but no significant change in the sexual permissiveness scale. (ABL)

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SEX EDUCATION, CONCERNS AND ATTITUDES

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ABSTRACT

Sex Education, Concerns and Attitudes

A two week sex education course was taught to 92 students in the 7th and 8th grades as part of a health curriculum. The course was designed to present factual information and time was allotted for group discussions. Three instruments, administered as a pre and post test, were used to evaluate the course: (1) a 20-item sexual knowledge questionnaire (2) a sexual permissiveness scale (3) a sexual concerns check list. the main findings showed (1) significant increase in sexual knowledge; (2) a lessening of sexual concerns and (3) a slight shift toward being less permissive.

SEX EDUCATION, CONCERNS AND ATTITUDES

A change has been introduced into the controversy over sex education in the schools by a virus, the AIDS virus, just as an earlier change was introduced by a chemical, the pill. Support for sex education has been given by the Surgeon General of the United States and many religious groups seem to be supporting some form of sex education as the virus has the potential of affecting everyone regardless of beliefs or sexual practices. Controversy still surrounds the issue of sex education in the schools as some parents feel it is neither the governments nor the schools place to teach sex education, but rather it is a responsibility of the home and parents.

The general concern over an AIDS epidemic, aided and abetted by the media, and the government's need to educate and protect its citizens from this pestilence seems at this writing to have softened some of the resistance to sex education in the schools. In February of 1987, the Center for Disease Control proposed sweeping AIDS screening tests which would include all hospital admissions, some thirty million a year, and all those applying for marriage licenses.

Because there are no vaccines or effective treatments, the only viable defense seems to be education. Still, some parents have a legitimate concern that sexual knowledge as presented by the government is not what they want their children to have, and that they as parents, should have the prerogative in this field as they feel that sexual knowledge and attitudes are inseparable. This study indicates that an increase in sexual knowledge from a sex education course lessened sexual concerns, but did not affect attitude toward sexual permissiveness other than a minor shift toward being less permissive after the course.

METHOD

A sex education program was started in a small county school district in a rather conservative part of the state in the Fall of 1986. The purpose of the course was: to help adolescents feel more comfortable with the sexual development they were passing through, to increase their knowledge of sexual issues, and to allay their worry over sexually related concerns. The focus of this research was to evaluate the effectiveness of the course in reaching its objectives.

The sex education course was taught in the seventh and eighth grades as part of the health curriculum. There were 24 seventh grade girls, 24 eighth grade girls, 20 seventh grade boys and 24 eighth grade boys. Parental consent was obtained for students to participate in the classes which were segregated by sex.

The course was designed to present factual information and time was allotted for group discussions for students to discuss their values, beliefs and feelings. For those students too shy

to enter into open discussion a question box was provided and these questions were later discussed in class. There were five, 50-minute periods taught each day for a period of two weeks.

Three instruments were used for the evaluation portion of the course: (1) a 20-item sexual knowledge questionnaire, (2) a sexual permissiveness scale (Parcel, 1979) and a Sexual Concerns check list (Parcel, 1979). The students received a pre and post test on each of the three instruments.

RESULTS

Table 1 shows the findings on the sexual knowledge test

Table 1. Sexual Knowledge Test

<u>Classification</u>	<u>Pretest</u>	<u>Posttest</u>	<u>t</u>	<u>p</u>
8th grade boys	18.95	21.05	3.04	.003
7th grade boys	14.00	13.95	-.09	.464
8th grade girls	18.26	20.85	3.36	.002
7th grade girls	15.16	20.95	5.13	.001

All groups with the exception of seventh grade boys increased their sexual knowledge. Concepts concerning contraceptives and pregnancy were missed by more than half the eighth grade boys while the seventh grade boys also missed these questions plus questions concerning the biological female. Eighth grade girls missed questions concerning contraceptives most frequently while the seventh grade girls missed questions concerning puberty, contraceptives and pregnancy.

Table 2 shows results of the Sexual Permissiveness Scale

Table 2. Sexual Permissiveness Scale

<u>Classification</u>	<u>Pretest</u>	<u>Posttest</u>	<u>t</u>	<u>p</u>
7th and 8th grade boys	32.50	28.33	-1.50	.080
7th and 8th grade girls	34.83	33.08	-0.97	.184

The scores on the permissiveness scale actually dropped although not significantly which indicated a slight shift toward being less permissive after the course than before the course.

The sexual concerns findings are listed in table 3.

Table 3. Sexual Concerns Scale

<u>Classification</u>	<u>Pretest</u>	<u>Posttest</u>	<u>t</u>	<u>p</u>
8th grade boys and girls	16.56	11.00	-6.43	.001
7th grade boys and girls	15.50	9.67	-7.77	.001

The negative shift between the pre and the post test scores showed that the students had fewer sexual concerns or worries after the course than before the course. Most of the concerns were about how to tell if someone loves you, pregnancy and venereal disease. Concern over AIDS was not specifically observed by the instrument, but is assumed to come under the broad heading of venereal disease.

CONCLUSIONS

The main findings of this study showed a significant increase in sexual knowledge and a lessening of sexual concerns, but there was not significant change in the sexual permissiveness scale other than a slight shift to being less permissive. Many parents feel that sexual knowledge and sexual attitudes go hand in hand, but from this study it appears that an increase in sexual knowledge had little or no affect on sexual attitudes as measured by the permissiveness scale. The course also reduced the sexual concerns of the students mainly by indicating that everyone seems to have sexual concerns and such apprehensions are normal.

IMPLICATIONS

In general the main finding was that an increase in sexual knowledge and a decrease in sexual concerns had no effect on sexual attitudes. It could be inferred from this finding that sexual attitudes are not particularly influenced by the school, and although not directly investigated, it could be further inferred that sexual attitudes are formed outside the school probably in the home and the peer group.

So it would seem that sex education does have a place in the school, and that such education, now called for by the Surgeon General in his campaign against AIDS will not affect the sexual attitudes of the students, but will simply make the students more aware of sexual assets and liabilities.

Parcel, G., D. Luttman and M. P. Meyer, "Formative Evaluation of a Sex Education Course for Young Adolescents," Journal of School Health. 49 (6):335-9, 1979.